

INSTRUCTIONS TO RENEW A TATTOO MOBILE UNIT

Use the following link to access the online licensing system:

<https://dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp>

For assistance with login or password issues, contact the OICO Help Desk: 1-800-532-1174.

These instructions assume you have already created an A&A account, set up your Profile Page and linked to the Company. If you have not created an account, go back to the IDPH Regulatory Programs Page and follow the "How to create an account" instructions.

NOTE: This site works best in **Google Chrome**.

If you need assistance navigating the licensing portal after reviewing these instructions, or if you need linked to your existing business, contact the AMANDA Help Desk Support Team: 1-855-824-4357.

STEP 1: SIGN IN

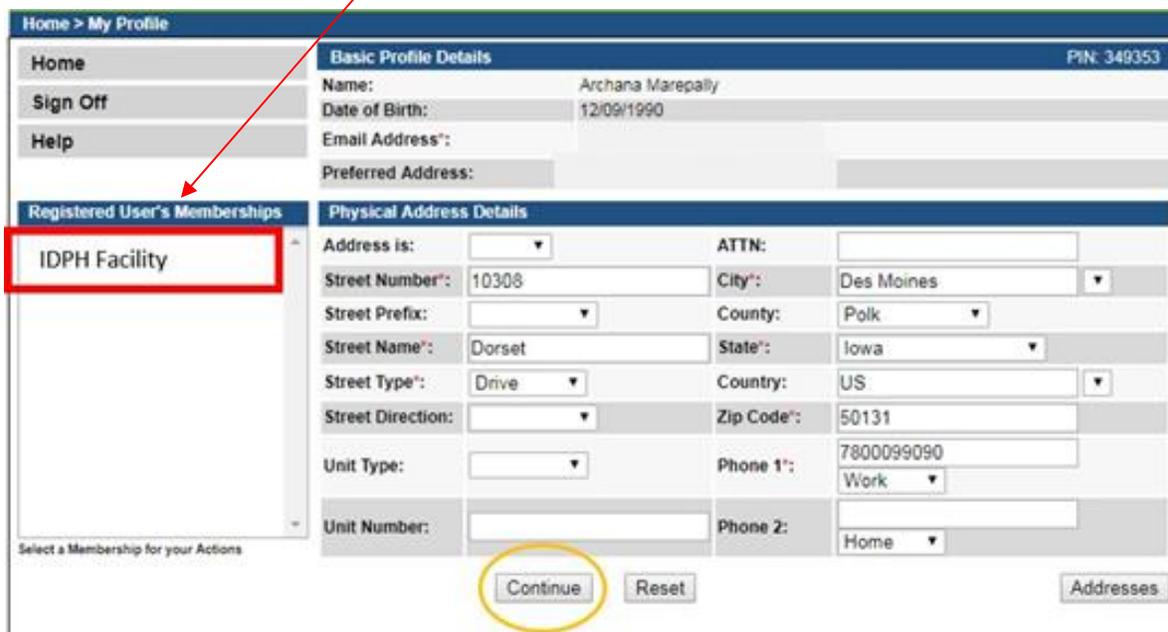
Sign In on the portal home page.



STEP 2: CHOOSE ESTABLISHMENT WITH MOBILE UNIT

On the **My Profile** page, your Mobile Tattoo establishment will appear under **Registered User's Memberships**. Click on the name so it appears highlighted, then click **Continue**.

If your existing company is not listed here, please contact Help Desk at 1-855-824-4357.



STEP 3: RENEW

Next, you will be directed to the **My Programs** page for your Establishment with the Mobile Unit. Click **Renew** next to your active license as shown.

Home > My Programs Archana Marepally - IDPH Facility

Home
Public Search
My Profile
Company Profile
Member Management
Apply for a Program
Sign Off
Help

Programs for IDPH Facility

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
PARM36	Archana Marepally	Tattoo Facility	Active	08/18/2017	09/30/2017	325235	Details	Online Services	Renew

Make Payment

A pop-up will appear. Click OK to **Continue**.

Are you sure you really want to renew this program?

If you do not see an option to click **Renew**, then look for the **Edit** option under the **Details** column.

Programs for Tattoo Facility

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
TAT-F-0000001	Dorothy Knight	Tattoo Facility	Active	10/24/2017	12/31/2019	Des Moines	Details	Online Services	
TAT-F-0000001	Dorothy Knight	Tattoo Facility	Renewal			Des Moines	Edit	Online Services	

Make Payment

STEP 4: APPLICATION FORM & APPLICATION FORM DETAILS

The renewal application will appear on the next screen. Click **Expand All** on the right side of the Application Form. Questions with a red asterisk * or in pink/red are mandatory.

Home > My Programs > Apply for Program > Application Form

Home Sign Off Help

Tattoo Facility - Permanent Establishments

Applicant Robert Erickson
Facility Small Town Tattoo

Application Form [Expand All](#)

- ▶ Affirmation
- ▶ Tattoo Establishment Info Details
- ▶ Renewal Details.

Application Form Details [Expand All](#)

- ▶ TATF Mobile Event(Mobile Unit)

Attachment

Attachment Description

Cancel Continue Add New Attachment

STEP 5: AFFIRMATION & ESTABLISHMENT DETAILS

The Application Form section is required and all questions must be answered. If you answer **Yes** to any of these questions, provide a brief description as directed. Additional details can be attached. (See Step 7.)

Affirmation

During the previous licensing period, did you develop a medical condition, which in any way impairs or limits your ability to perform the duties of this profession? Medical Condition means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. *

Yes No

If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.

During the previous licensing period, did you engage in the illegal or improper use of drugs or other chemical substances? *

Yes No

If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.

Your business hours and county info will appear here. (If hours have changed, please edit this section.)

Tattoo Establishment Info Details

Business Hours * 10:00 am - 9:00 pm

County Establishment Located In * Polk

Inspection County

Inspection County * Polk

Renewal Details.

Do you certify that there have been no changes since prior license issuing date? *

Yes No

STEP 6: MOBILE EVENT

Note: You may skip this section if you have no events to add at this time.

To add a Mobile Event, click **Add** and fill out the information for the event. Click **Save** when finished. When you have finished all the application form sections, click **Continue**.

Application Form Details Collapse All

TATF Mobile Event(Mobile Unit)

Event	Beginning Date	End Date	Have promotional material and have attached documentation	Address
			<input type="checkbox"/>	

←

• Please click Save after entering each row.
• Just clean all fields if you do not need a specific row or new added row.

Add Save

Attachment

Attachment Description

Add New Attachment

Cancel Continue

A pop up message will appear. Click **OK** to continue.

Message from webpage

Are you sure you really want to submit all application form?

OK Cancel

STEP 7: APPLICATION FORM SUPPLEMENTAL

Click on **TATI – Contact List** to open the tab. Review the current contacts listed.

To add a new contact, click **Add** and enter the contact information. (Use the scroll bar to see additional fields.) When you have finished entering the required information, click **Save**.

If you have attachments to add, proceed to **Step 8**, otherwise click **Continue**.

Removed thru Web	Contact type	Contact First Name	Contact Last Name	Contact Phone Number	Contact Email
<input type="checkbox"/>	Owner	Hiram	Houghton		

Currently there are only 10 rows you can add for each saving. Please save them first and then you can add another 10 rows and more. Just clean all fields if you do not need a specific row or new added row.

Add Save

Attachment
Attachment Description

Add New Attachment

Cancel Continue

STEP 8: ADD ATTACHMENTS & CONTINUE

Copies of your updated Blood Borne Pathogen and First Aid training are required to be attached.

*If you added a **Mobile Event**, you must also attach the Promotional Materials for the event.

Click **Add New Attachment** at the bottom of the application form.

Attachment
Attachment Description

Cancel Continue Add New Attachment

Attachment
Attachment Description

Type: Choose File No file chosen Add New Attachment

- Click to select the **Type** of attachment and Select one of the following from the list:
- Enter a description of the file, and then Click **Choose File**.
- This will open your file explorer. Navigate to where the document you want to attach is located on your computer.
- Double click the document to attach it.

The name of the document should appear next to the **Choose File** button.

Attachment
Attachment Description

Type: Court Docun Description: Release from Pprobation Choose File summary.docx

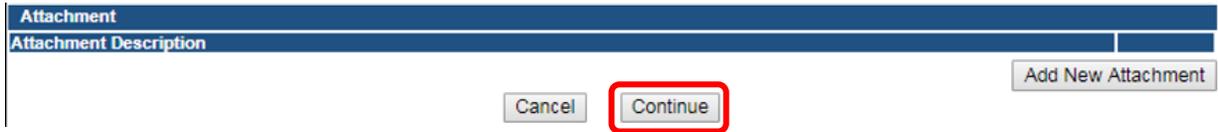
Continue this process for each document needing to be attached.

NOTE: If you attach a document in error, it cannot be removed by you. You will need to contact the IDPH Program staff to have it removed.

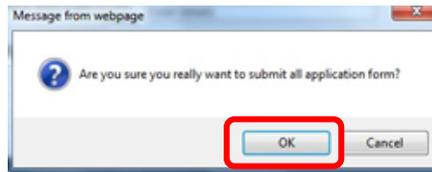
If you need to gather information, or add additional documentation, you can leave the application webpage and return later to complete or continue.

DO NOT CLICK CANCEL – this will void your entire application.

WHEN ALL SECTIONS ARE COMPLETE, CLICK CONTINUE.



A pop-up message will appear. Click **OK**.



STEP 9: TERMS & CONDITIONS

Please read the terms and conditions. If you agree, click the box next to the “I agree with the terms and conditions.” Then click **Continue**.

A screenshot of a web application page titled 'Tattoo'. The breadcrumb trail is 'Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions'. On the left, there is a navigation menu with 'Home', 'Sign Off', and 'Help'. The main content area is titled 'Terms and Conditions' and contains several paragraphs of text. At the bottom, there is a checkbox labeled 'I agree with the terms and conditions.' which is highlighted with a red rectangular box. An orange arrow points to the checkbox. Below the checkbox is a 'Continue' button.

STEP 10: MAKE A PAYMENT

Select **Pay Now** if you are ready to pay. Click **Pay Now** again on the proceeding screen. You will then be directed to the online payment system.

Select **Pay Later** if you are not ready to make a payment, or need to attach additional documents. You can return to your programs page at any time and click **Make a Payment** when you are ready to pay. (**Note:** your application is not submitted until payment is made.)

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions > Make Payment

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full	
543286	Tattoo Facility	Mobile Units	Renewal	TATF Mobile Unit Renewal Application Fee	\$100.00	No	
Total					Fee Amount: \$100.00	Paid Amount: \$0.00	Fee Due: \$100.00

After clicking the **Make a Payment** and **Pay Now** options, you will be directed to the online payment system. Choose your **Payment Method** and fill out your payment details. Click **Continue** when you have entered your payment information. Click **Confirm** on the **Review Payment** page if the payment details are correct.

Make a Payment

My Payment

State of Iowa TEST site
Amount Due: \$75.00

Payment Information

Frequency: One Time
Payment Amount: \$75.00
Payment Date: Pay Now

Contact Information

First Name: IDPH
Last Name: Test
Company: (Optional)
Address 1: 321 E 12th Street
Address 2: (Optional)
City/Town: Des Moines
State/Province/Region: IA
Zip/Postal Code: 50319
Country: US
Phone Number: 8558244357
Email Address: email.email@mail.com

[Become a Registered User](#)

Payment Method

Payment Method:

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the

Payment Details

Description: State of Iowa TEST site
Payment Amount: \$75.00
Payment Date: 09/27/2017

Payment Method

Payer Name: IDPH Test
Card Number: *8898
Expiration Date: Aug-2018
Card Type: Visa
Confirmation Email: email.email@mail.com

Billing Address

Address 1: 321 E 12th Street
City/Town: Des Moines
State/Province/Region: IA
Zip/Postal Code: 50319
Country: United States

Contact Information

First Name: IDPH
Last Name: Test
Address 1: 321 E 12th Street
City/Town: Des Moines
State/Province/Region: IA
Zip/Postal Code: 50319
Country: United States
Phone Number: 8558244357
Email Address: email.email@mail.com

The system will process the payment and provide a **Confirmation Number** – save this for your records. Click **Continue** at the bottom of the **Confirmation** screen to be taken to your receipt.

Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **IOWTST004926730**

[Payment Details](#)